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FACSIMILE COVER SHEET

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From: Michael P. Straub, Esq.

Date: December 15, 2005

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MESSAGE: FORMAL SUBMISSION OF:
1) Transmittal; and
2) Supplemental Amendment.

Attorney Docket No.: Flarion-70APP3 (95)
Appl. No.: 10/774,561
Applicants: Vincent PARK, M. Scott CORSON
Filed: February 9, 2004
Title: PAGING METHODS AND APPARATUS
TC/A.U.: 2686
Examiner: Willie J. Daniel, Jr.

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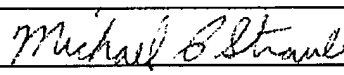
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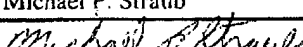
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<p align="center">TRANSMITTAL FORM</p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/774,561
	Filing Date	February 9, 2004
	First Named Inventor	Vincent PARK
	Group Art Unit	2686
	Examiner Name	Willie J. Daniel, Jr.
Total Number of Pages in This Submission	Attorney Docket Number	Flarion-70APP3 (95)

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Postcard Receipt <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Supplemental Amendment.
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.